

SENIORS AND LAW ENFORCEMENT TOGETHER

ARE YOU O.K.? PROGRAM

AGREEMENT AND CONSENT FORM

I, _____, agree to participate in the seniors and Law
(Print Name)

Enforcement Together (S.A.L.T.) **Are You O.K.? Program.** I give my permission to Emergency and law enforcement officers to respond to any perceived emergency situation involving my health and/or safety.

I hereby deliver to _____ a key to my residence. I authorize officers of the Amherst Police Department to use the key in any situation that the Department believes to be a health or safety emergency. I expect the information provided on my interview form to be shared with any public safety employee(s), and I hereby authorize my key holder to check on me in the event of an alert.

I understand and agree that the services I have requested herein are voluntary and Provided at no cost, and that the S.A.L.T. Council, the Amherst Council on Aging, and the Amherst Police Department may terminate them at any time. I further understand and agree that such services are to be provided only as circumstances permit and are in no way guaranteed to be available at all times, and that I am in no way entitled to act or refrain from acting in reliance upon their continued availability. I take full and sole responsibility for my own health and safety, and I look to the Police Department for voluntary assistance only. For this reason, I waive any claim against the S.A.L.T. Council, the Amherst Council on Aging, or the Amherst Police Department and its authorized agents arising from the unavailability of the services herein requested, or from the agency's failure to provide those services on any occasion. I hold the S.A.L.T. Council, the Amherst Council on Aging, the Amherst Police Department, and their volunteers, agents or employees harmless as to any claims for direct, indirect, incidental or consequential damages arising from any act or omission related to my participation in the **Are You O.K.? Program.**

Date

Participant's Signature

S.A.L.T. Council **Are You O.K.? Program**

Date

By: _____

